

2011 Jackson Hole Youth Baseball CAL RIPKEN DIVISION APPLICATION 7 - 12 YEAR OLD



Player's LAST NAME

FIRST NAME

Birth date _____ **(MUST BE AGE 7 BY 4/30/2011)**

Mailing address

Town

Zip

307- _____

Home phone

Present School Grade

307- _____

Parent's work phone

Parent or Guardian's name **(Please print)**

Parent's email address: _____

My player may have a conflict or be unavailable during the regular baseball season (Approximately May 1 through July 13) on the following times/dates _____ due to: _____.

Family Physician is _____ Physician phone _____

MEDICAL RELEASE FORM..... This is to certify that I, parent/guardian of the above named player, a member of the Jackson Hole Youth Baseball League, hereby grants permission to the adult manager, coach, or chaperone of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times that neither parent or legal guardian can be contacted in person or by telephone. This authorization shall include all league activities, including periods required to travel to and from activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Jackson Hole Youth Baseball League; the organizers, officers, supervisors, managers, coaches, chaperones, participants and persons transporting the player to and from these activities, for any claim arising out of an injury to the player.

Please list any medical information that the coach or non-family physician should know: _____

PARENT / GUARDIAN SIGNATURE

REQUIRED: _____ / _____

DATE _____ RELATIONSHIP TO PLAYER _____

I AM WILLING TO HELP THE LEAGUE THIS SEASON WITH: Coaching _____ Umpiring _____ Misc _____

DATES TO REMEMBER

- Registration closes..... April 22nd
- Cal Ripken Team Selection Tryout dates..... April 20th for Majors; April 19th for Minors

(see attached letter for specific times & details)

The 2011 registration fee is \$50.00 per player. The fee for applications submitted after April 22nd is \$60.

Make check payable to: JHYB If you have any questions, call **Michele Doyle – 733-6047 or mdoyle@teton1.k12.wy.us.**

Please send a copy of a birth certificate in with this application if the league does not currently have one on record.

Duplicate forms are available at the JH Recreation Center, or simply copy this form before completion.

MAIL COMPLETED APPLICATION TO: JHYB/Cynthia Wiley 7940 Cowboy Way, Jackson, WY 83001